



State of Colorado
Department of Law
Uniform Debt-Management Services Act
1525 Sherman St., 7th Floor
Denver, CO 80203
Telephone: (303) 866-4494
Fax: (303) 866-5474
E-mail: uccc@state.co.us

Application for Registration - Colorado Debt-Management Services Provider
INSTRUCTIONS

File the enclosed application form and all attachments listed below to apply for the initial registration as a Colorado Debt-Management Services Provider. Do not file incomplete applications. A certificate of registration may only be issued if the applicant and its principals exhibit sufficient financial responsibility, experience, character, and fitness to ensure that the applicant will operate fairly and honestly.

APPLICATION - All applicants must submit a fully completed Debt-Management registration application and the following, as applicable:

1. WHO MUST REGISTER

Any person or organization that provides, offers to provide, or agrees to provide Debt-Management services directly or through others must register as a Debt-Management Services Provider. This includes, but is not limited to, Consumer Credit Counseling agencies, Debt Settlement agencies, telemarketing or marketing companies advertising as Credit Counseling or Debt Settlement agencies, and the like.

2. REGISTRATION FEE

The initial registration fee is \$1000.00 payable to the Colorado Uniform Consumer Credit Code. Registration fee amounts are subject to change periodically due to state budget requirements. Registration fees are payable by fiscal year from July 1 to June 30. Registration fees are not pro-rated for part of a year nor are they refundable. Registration fees are assessed per provider, rather than per business location.

3. DBA, TRADE, OR ASSUMED NAMES

All Applicants using trade names must attach a copy of a properly filed Trade Name Affidavit showing the trade/assumed name from the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or view www.sos.state.co.us.

4. PERSONAL HISTORY

All Applicants provide a **Personal History** form for each Director(s), Officer(s), person(s) with at least 10% ownership, Agent(s), and any person(s) authorized to initiate transactions to the trust account. One blank copy is enclosed. Attach extra copies as needed.

5. CORPORATIONS AND LIMITED LIABILITY COMPANIES

Provide a copy of the Certificate of Authority or Good Standing, or Certificate of Organization from the Colorado Secretary of State, as applicable. Applicants registering out-of-state offices only, provide a copy of the Statement of Foreign Authority filed with the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or view www.sos.state.co.us.

6. PARTNERSHIPS

Provide a copy of the Partnership Agreement. Limited partnerships must also attach a copy of the recorded certificate filed with the Colorado Secretary of State. Limited partnerships registering out-of-state offices only, provide a copy of the Statement of Foreign Authority filed with the Colorado Secretary of State. Contact the Colorado Secretary of State at (303) 894-2200, or view www.sos.state.co.us.

7. SOLE PROPRIETORS

Complete and file the attached **Affidavit of American Citizenship or Lawful Residency for Receipt of Colorado Public Benefits** and provide a notarized copy of an approved identification document.

8. NOT-FOR-PROFIT COMPANIES

- Provide evidence of non-profit and tax-exempt status applicable to the Applicant under the Federal Internal Revenue Code, 26 U.S.C, sec. 501.
- Provide the amount of compensation of the Applicant's five most highly compensated employees for each of the three years immediately preceding the application, or for the period of existence if less than three years.
- Provide evidence that the Applicant's Board of Directors is independent of the Applicant's employees and agents. See §12-14.5-209(d)(1) & (2), C.R.S.

9. FINANCIAL RESPONSIBILITY

All applicants must provide one form of financial responsibility in the amount of **fifty thousand dollars (\$50,000.00)**. Acceptable forms of financial responsibility are an original: (1) **Surety Bond** (form attached), or (2) **Bond Substitute - Letter of Credit**.

- The **Surety Bond** must be issued by a bonding, surety, or insurance company authorized to do business in Colorado and rated at least "A" by a nationally recognized rating organization. Provide evidence of the bonding, surety or insurance company rating.
- The **Letter of Credit** must be irrevocable with no conditions; issued by a state or national bank, or savings and loan doing business in Colorado; state the dollar amount; name the UCCC Administrator as beneficiary in favor of the People of the State of Colorado; and be payable upon presentation of a certificate stating that the provider has not complied with part 2 of the Colorado Uniform Debt-Management Services Act.
- The form of financial responsibility must be in effect during the period of registration and for two (2) years after the provider ceases providing debt-management services to Colorado consumers.

10. TRUST ACCOUNTS

File the enclosed **Trust Account Authorization and Consent** form with irrevocable consent to examine, for all active trust accounts held by the Applicant or any third party designee that arranges or establishes special purpose, savings or similar accounts for consumers. One blank copy is provided. Attach extra copies as needed. Provide a copy of the agreement between Applicant and the third party designee (if applicable).

11. FINANCIAL STATEMENTS

- Provide copies of the Applicant's audited financial statements for each of the two prior years or, the period of existence if less than two years. Include contact information for the auditor and date of audit.
- If the Applicant holds money on behalf of Colorado consumers, provide a statement disclosing the total amount of money received from Colorado consumers and the total amount of money distributed by the Applicant pursuant to plans during the prior twelve months.
- If the Applicant does not hold money on behalf of Colorado consumers, provide a statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include; the number of consumers with whom the Applicant has had agreements; the number of fully settled debt agreements with creditors that Applicant concluded; and an estimate of the total amount of debt under contract between the Applicant and Colorado consumers.

12. EDUCATIONAL PROGRAMS PROVIDED BY THE APPLICANT

Provide a description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those programs. The description is confidential commercial data under section § 24-72-204 (3)(a)(IV), C.R.S.

13. FINANCIAL ANALYSIS OF CONSUMERS

Provide a description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers.

14. FORMS AND AGREEMENTS

Provide copies of all agreements to be used with Colorado consumers, including those of the Applicant and any third party designee.

15. SCHEDULE OF FEES AND CHARGES

Provide a schedule of all fees and charges to be used with Colorado consumers, including those of the Applicant and any third party designee.

16. CRIMINAL HISTORY RECORDS CHECK

At the Applicant's expense, provide a state and national fingerprint-based criminal history records check, conducted within the immediately preceding twelve months, covering (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account(s), as required by section § 12-14.5-222, C.R.S.

Instructions on obtaining a fingerprint based criminal history records check, through the Colorado Bureau of Investigation (CBI), are enclosed. Attach a statement that fingerprints have been submitted to CBI.

17. AFFILIATE(S)

Disclose the identity of each Director who is an affiliate of the Applicant, as defined in § 12-14.5-202(2), C.R.S.

18. STATE LICENSE / REGISTRATION VERIFICATIONS

An applicant licensed or registered or formerly licensed or registered by other state agencies must, for its initial registration only, complete the top of the enclosed **Registration and License Verification Form** and mail it to all of these agencies. Attach copies of all verification forms you mailed to these states with your application so we may track receipt of these forms.

19. REGISTRATION IN ANOTHER STATE

The Administrator may accept the license and/or registration of another state agency. If an Applicant holds a license or registration in another state authorizing it to provide debt-management services, it may submit a copy of that license or registration certificate and that application, **if** the application contains information substantially similar to or more comprehensive than the information required by this application; and the Applicant, under oath or certified under the penalties of perjury, certifies that the information contained in that application is current, or to the extent it is not current, supplements that application to make the information current. The applicant must also provide all attachments required by § 12-14.5-205 and 12-14.5-206, C.R.S.

COMPLETION OF APPLICATION - An application is not "complete" unless all items listed above have been filed (not including regulatory agency responses to the License Verification Form and CBI responses to the fingerprint based criminal background check). If we advise you the application is incomplete, you will have 45 days to complete the application.



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Application for Registration – Colorado Debt-Management Services Provider
CHECKLIST

File all applicable attachments listed below to apply for the initial registration as a Colorado Debt-Management Services Provider.

1. All Applicants:

- _____ Application;
- _____ Registration Fee, \$1000.00 payable to "Colorado Uniform Consumer Credit Code";
- _____ **Personal History Form(s)** for each Director, Officer, person with at least 10% ownership, Agent, and any person authorized to initiate transactions to the trust account;
- _____ Evidence of Financial Responsibility, \$50,000.00;
 - _____ **Surety Bond** form, original Surety Bond and evidence of Surety's rating; or,
 - _____ Original Letter of Credit;
- _____ Statement that the required criminal records check for (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account has been submitted to CBI. Disclose the names of all individuals submitting a background check;
- _____ Disclosure of all Affiliates of the Applicant, as defined in section § 12-14.5-202(2), C.R.S.;
- _____ Copies of all **Registration and License Verification Forms**;
- _____ If Applicant will not provide debt-management services from an office in Colorado, provide a statement to that effect;
- _____ Financial Statements for the prior two years, audited by an accountant licensed to conduct audits and the auditor's contact information;
- _____ Description of the three most commonly used educational programs that the Applicant provides, or intends to provide, to consumers in Colorado and a copy of any materials used in those programs*;

_____ Description, including form(s) or electronic model(s), of the Applicant's financial analysis and initial plan used to evaluate the financial condition of consumers*;

_____ All agreements to be used with Colorado consumers;

_____ Schedule of all fees and charges to be used with Colorado consumers, including those charged by both the Applicant and third party designees.

2. Applicants using DBA's or Trade Names:

_____ Trade Name Affidavit(s) from the Colorado Secretary of State.

3. Applicants that hold consumers' funds for distribution to creditors:

_____ **Trust Account Authorization and Consent Form** for each trust account.

_____ A statement disclosing the total amount of money received from Colorado consumers and the total amount of money distributed by the Applicant pursuant to plans during the prior twelve months.

4. Applicants that do not hold consumers' funds but arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers

_____ **Trust Account Authorization and Consent Form** for each trust account.

_____ Provide a copy of the agreement between the Applicant and the third party designee.

_____ A statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include: the number of consumers with whom the Applicant has had agreements; the number of fully settled debt agreements with creditors that Applicant concluded; and an estimate of the total amount of debt under contract between the Applicant and Colorado consumers.

5. Applicants that do not hold consumers' funds and do not arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers:

_____ A statement disclosing business transacted with Colorado consumers during the prior twelve months. This statement must include: the number of consumers with whom the Applicant has had agreements; the number of fully settled debt agreements with creditors that Applicant concluded; and an estimate of the total amount of debt under contract between the Applicant and Colorado consumers.

6. Corporations and LLCs:

_____ Certificate of Authority from the Colorado Secretary of State (Applicants with Colorado locations);
or,

* This information is confidential commercial data under § 24-72-204(3) (a) (IV), C.R.S.

_____ Certificate of Organization from the Colorado Secretary of State (Applicants with Colorado locations); or,

_____ Statement of Foreign Authority filed with the Colorado Secretary of State (Applicants without Colorado locations).

7. Partnerships:

_____ Partnership Agreement;

_____ Limited Partnerships:

_____ Recorded Certificate from the Colorado Secretary of State. (Limited Partnerships with Colorado locations); or,

_____ Statement of Foreign Authority filed with the Colorado Secretary of State (Limited Partnerships without Colorado locations).

8. Sole Proprietors:

_____ An **Affidavit of American Citizenship** with a notarized copy of an approved identification document.

9. Not-for-Profit Companies:

_____ Evidence of non-profit or tax-exempt status from the IRS;

_____ Statement of compensation for the five highest paid employees, for the prior three years;

_____ Evidence of independence between the Board of Directors and employees and agents.



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1. Applicant Information:

Legal name of Debt-Management Applicant.

DBA, trade or assumed name(s) used in debt-management services (if different from above).

Company type: ☐ Credit Counseling Organization ☐ Debt Settlement Organization ☐ Both

Not-for-Profit Company? ☐ YES ☐ NO

☐ Holds Consumer Funds ☐ Does not hold consumer funds and does not arrange or suggest the use of a third party designee to establish a special purpose, savings or similar accounts for consumers. ☐ Does not hold consumer funds but does arrange or suggest the use of a third party designee to establish special purpose, savings or similar accounts for consumers.

Name of Designee

2. Principal business address (do not use a P.O. Box).

Street Address

City

State

Zip Code

(____) _____ - _____
Primary Phone

(____) _____ - _____
Toll Free Phone

(____) _____ - _____
Fax Line

Website

Email

If this address is in Colorado, does the Applicant conduct business with consumers through this office?

☐ YES

☐ NO

3. Location where official books and records will be kept.

Street Address

City

State

Zip Code

4. Check One:

- ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Limited Partnership ☐ Sole Proprietor
- ☐ Other (describe) _____

Corporations or Limited Liability Companies

Incorporated or Organized in the State of _____

Date of Incorporation or Organization _____

Colorado Registered Agent for Service of Process

Name and Title

Street Address

City State Zip Code

Primary Officers or Members (add additional list if necessary)

President _____

Vice President _____

Secretary _____

Treasurer _____

Partnerships

Date of formation _____

Place of formation _____

Type of partnership: General _____ Limited _____

Partners, both General and Limited (add additional list if necessary)

Name _____

Name _____

Name _____

Sole Proprietorships answer the following questions

Name of Individual Proprietor _____

Social Security Number Date of Birth

The above information is required by §§ 14-14-113 and 24-34-107, C.R.S. and may be used to revoke, suspend, or deny registrations as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support.

5. Branch offices or other business addresses in Colorado (use attached Branch Office form for additional Colorado locations).

If Applicant will not provide debt-management services from an office in Colorado, attach a statement to that effect.

Street Address

City

State

Zip Code

() -
Phone

() -
Fax

Email

Does the Applicant provide debt-management services to consumers through this office?

☐ YES

☐ NO

Street Address

City

State

Zip Code

() -
Phone

() -
Fax

Email

Does the Applicant provide debt-management services to consumers through this office?

☐ YES

☐ NO

6. Enter appropriate number(s) in the box for each jurisdiction, during the five years immediately proceeding the application:

Enter "1" if Applicant or any of its Officers or Directors has a **pending application** in that jurisdiction.

Enter "2" if Applicant or any of its Officers or Directors is **currently licensed/registered** in that jurisdiction.

Enter "3" if Applicant or any of its Officers or Directors was **formerly licensed/registered** in that jurisdiction.

Enter "4" if Applicant or any of its Officers or Directors **has provided debt-management services to a consumer residing** in that jurisdiction.

Alabama		Illinois		Nebraska		South Carolina	
Alaska		Indiana		Nevada		South Dakota	
Arizona		Iowa		New Hampshire		Tennessee	
Arkansas		Kansas		New Jersey		Texas	
California		Kentucky		New Mexico		Utah	
Colorado		Louisiana		New York		Vermont	
Connecticut		Maine		North Carolina		Virginia	
Delaware		Maryland		North Dakota		Washington	
District of Columbia		Massachusetts		Ohio		West Virginia	

Florida		Michigan		Oklahoma		Wisconsin	
Georgia		Minnesota		Oregon		Wyoming	
Guam		Mississippi		Pennsylvania			
Hawaii		Missouri		Puerto Rico			
Idaho		Montana		Rhode Island			

7. Disclosures

A) Has any Federal, State, County, or Local regulatory agency found the Applicant to have made a false statement or omission or been dishonest, unfair or unethical?

☐ YES ☐ NO If yes, please provide details.

B) Does any Federal, State, County, or Local regulatory agency have pending or has any Federal, State, County, or Local regulatory agency found the Applicant to have been involved in a violation of a financial services-related regulation(s) or statute(s) or denied, suspended, or revoked the Applicant's registration or license or prevented it from associating with a financial services-related business or restricted its activities?

☐ YES ☐ NO If yes, please provide details and a copy of the action.

C) In the past ten years, has the Applicant been a provider or an affiliate of a provider that has been the subject of a bankruptcy petition?

☐ YES ☐ NO If yes, please provide details.

D) Has a bonding company ever denied, paid out on, or revoked a bond for the Applicant?

☐ YES ☐ NO If yes, please provide details.

E) Does the Applicant have any unsatisfied judgments or liens against it?

☐ YES ☐ NO If yes, please provide details.

F) Has any Officer, Director, Owner, Agent, or person authorized to initiate transactions to the trust account, been the subject of any material civil or criminal judgment, litigation, or other administrative or enforcement action by any Federal, State, County, or Local regulatory agency?

☐ YES ☐ NO If yes, please provide details.

8. Financial Responsibility provided by the Applicant.

Check one:

☐ Surety Bond
attach original bond

☐ Substitute Letter of Credit
attach original Letter of Credit

9. Contact person authorized to respond to registration and renewal inquiries.

Name and Title

Street Address

City

State

Zip Code

(____) _____ - _____
Phone

(____) _____ - _____
Fax

Email

10. Contact person authorized to respond to consumer complaints.

Name and Title

Street Address

City

State

Zip Code

(____) _____ - _____
Phone

(____) _____ - _____
Fax

Email

Statements made herein are made under oath. False statements may be punishable as second degree perjury.

Signature

Title

Date

Signature

Title

Date

Corporations should affix corporate Seal and the signatures of the President or other authorized official of the corporation.

Partners must sign individually or in accordance with the Partnership Agreement.



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PERSONAL HISTORY

To be completed by each Director, Officer, person with at least 10% ownership, Agent, LLC Member or Manager, and person authorized to initiate transactions to the trust account. A separate form is required to be filed by each person.

OMISSIONS MAY BE CONSTRUED AS INTENTIONAL FAILURE TO DISCLOSE A MATERIAL FACT AND MAY BE GROUNDS FOR REJECTION OF APPLICATION.

1. Legal name of Debt-Management Applicant (corporation, LLC, partnership, or proprietor's name).

2. Contact Information

Person's Name and Title

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

The above information is required by §§ 14-14-113 and 24-34-107, C.R.S. and may be used to revoke, suspend, or deny registrations as determined by the state child support enforcement agency for noncompliance with support orders or subpoenas/warrants relating to paternity and child support.

3. Occupational Record

Director's Only: Received compensation from the Applicant? ☐ YES ☐ NO.

Company Name

Title

Street Address

(____) ____ - ____
Phone

City

State

Zip Code

Dates of Employment

_____ Company Name	_____ Title
_____ Street Address	(____) ____ - ____ Phone
_____ City	_____ State
_____ Zip Code	
_____ Dates of Employment	
Received compensation? (Directors Only) <input type="checkbox"/> YES <input type="checkbox"/> NO	

4. Ownership interest of at least 10% by a Director, Owner or Employee of the Applicant in:

(1) Any Affiliate of the Applicant as defined in section § 12-14.5-202 (2), C.R.S.

(2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt management services (use attached form for additional entries).

Name of Affiliate or Entity in which interest is owned		
_____		(____) ____ - ____
Street Address		Phone
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Website	Percent ownership / interest	Length of ownership / interest
_____	_____	_____
Relationship	Product or Services Provided (if applicable)	

Name of Affiliate or Entity in Which Interest is owned		
_____		(____) ____ - ____
Street Address		Phone
_____	_____	_____
City	State	Zip Code
_____	_____	_____
Website	Percent ownership / interest	Length of ownership / interest
_____	_____	_____
Relationship	Product or Services Provided (if applicable)	

5. Disclosures

A) In the last 10 years, have you been, or has any organization or business with which you were associated as an officer, director, partner, owner, or otherwise, involved in any voluntary or involuntary bankruptcy, receivership, or insolvency proceedings?

☐ NO ☐ YES If yes, please provide details.

<p>B) Have you ever been directly or indirectly connected with any organization or business which had an application for license or registration for any business activity denied by any Federal, State, County or Local regulatory agency, or which withdrew such application to avoid a denial, or by request, or which had its license or registration suspended, canceled, revoked or subject to any administrative or enforcement action, whether or not a final order or judgment was entered?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please provide details and a copy of the action.</p>
<p>C) Have you ever entered a plea of guilty or nolo contendere to, or been convicted of, theft, concealing stolen goods, forgery, fraud, perjury, bribery, offenses related to a violation of any State or Federal Securities Laws, or similar crime?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please provide details and a copy of the action.</p>
<p>D) Have you entered a plea of guilty or nolo contendere to, or been convicted of, a felony or a misdemeanor other than a traffic violation and other than information listed in question 5(C)?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please provide details and a copy of the action.</p>
<p>E) Have you ever been held liable in or is there pending any civil or criminal fraud action in any judicial or administrative proceeding by any Federal, State, County, or Local regulatory agency?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES If yes, please provide details.</p>

Statements made herein are made under oath. False statements may be punishable as second degree perjury.

Signature of Applicant

Date



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TRUST ACCOUNT AUTHORIZATION AND CONSENT

Applicants that hold consumers' funds for distribution to creditors or Applicants that arrange or suggest the use of a third party designee to establish a special purpose, savings or similar accounts for consumers must identify and provide irrevocable consent to review all trust accounts. Attach additional sheets, with signatures, if needed.

Legal name of Debt-Management Applicant

Legal name of Designee (if applicable)

Account Number(s)

Name of Bank

Street Address of Bank

City

State

Zip Code

Phone

Person(s) with access to this account

Position (Officer, Director, Employee, Agent)

Applicant or Designee hereby authorizes the above-named bank to release information, at any time, concerning the above account(s) of Applicant or Designee to the Administrator of the Colorado Uniform Consumer Credit Code. The Applicant or Designee gives irrevocable consent authorizing the Administrator to review and examine trust account(s) at any time.

Statements made herein are made under oath. False statements may be punishable as second degree perjury.

Applicant

Title

Date

Designee (if applicable)

Title

Date

Corporations should affix corporate Seal and the signatures of the President or other authorized official of the corporation.

Partners must sign individually or in accordance with the Partnership Agreement.

SURETY BOND – DEBT-MANAGEMENT SERVICES PROVIDER

KNOW ALL PERSONS by these presents that _____
(Applicant-registrant name)
of _____
(principal address of Applicant-registrant)
as principal (hereinafter "registrant") and _____
(hereinafter "surety"), a surety duly licensed by the Commissioner of Insurance of the State of Colorado, as surety,
of _____
(surety's address)

are held and firmly bound unto the Attorney General of the State of Colorado acting through the ADMINISTRATOR OF THE UNIFORM CONSUMER CREDIT CODE for use of the PEOPLE OF THE STATE OF COLORADO as obligee (hereinafter "Administrator") in the sum of fifty thousand dollars (\$50,000.00), lawful money of the United States for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents.

WHEREAS, registrant is applying to become or is a registered debt-management services provider pursuant to § 12-14.5-204, C.R.S. and seeks to establish, meet, and maintain the financial responsibility requirements of the Administrator during the term of the subject registration by tender of the within bond,

NOW, THEREFORE, the conditions of this bond are such that if the registrant and its agents shall comply with all provisions of the COLORADO UNIFORM DEBT-MANAGEMENT SERVICES ACT, and the rules and regulations lawfully adopted thereunder, during the term of the debt-management registration for which this bond is applicable, and shall pay any and all final judgments and orders, with expenses, that become due or owed to the Administrator thereunder, and shall pay any and all final judgments that become lawfully due to or on behalf of any individual who has prevailed in a Debt-Management Services Act cause of action against registrant or its agents, then this obligation is null and void, but otherwise to remain in full force and effect,

PROVIDED that the surety's aggregate liability for any and all claims which may arise under this bond shall in no event exceed the amount of this bond, regardless of the number of claims or claimants, and

FURTHER PROVIDED that the surety shall have the right to terminate or reduce its liability hereunder only by giving the registrant and the Administrator written notice of such termination or reduction of liability, sent by Certified U.S. Mail to the Administrator at 1525 Sherman St., 7th Floor, Denver, Colorado 80203 or the Administrator's most current address. Such termination or reduction of liability shall be effective from and after the expiration of 30 days from the receipt of such notice by the Administrator or on such later date as is stated in the notice; provided, however, that no liability incurred while said bond is in force and prior to said effective date of termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, that after giving notice of termination or reduction of liability, and prior to the effective date or such termination or reduction of liability, the surety may reinstate or increase its liability by the execution and filing of a new bond or by mailing written notice to the Administrator indicating that the surety desires to continue as surety for the registrant and that its prior notice of termination or reduction of liability is withdrawn and rescinded.

FURTHER PROVIDED that, if this bond is not previously terminated as set forth above, the liability of the surety shall expire two (2) years after the registrant ceases providing debt-management services to individuals in this state.

THIS BOND shall be effective on and after _____ (date) or, if left blank, the date of execution by surety shall be the effective date of the bond. The bond shall be effective, if accepted by the Administrator, without further notice.

WITNESS our hands and seals:

REGISTRANT OR APPLICANT:

[CORPORATE SEAL]

(Debt-Management Provider's Name)

By: _____

(Signature)

(Title)

(Date)

SURETY MUST ATTACH POWER OF ATTORNEY

[SURETY SEAL]

(Surety)

(Signature)

(Date)



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INSTRUCTIONS FOR FINGERPRINTING

All Applicants must provide a state and national fingerprint-based criminal history records check, conducted within the immediately preceding twelve months, covering (1) every Officer and (2) every Employee of the Applicant or every Employee of a third party designee who is authorized to initiate transactions to the trust account(s), as required by section § 12-14.5-222, C.R.S.

Note – It may take 8 weeks for this information to be processed. Submit your fingerprints as soon as possible.

Colorado Bureau of Investigation (CBI)

Fingerprint cards and fees must be mailed or delivered to: Colorado Bureau of Investigation, 690 Kipling Street, Suite 3000, Denver, CO, 80215. At the time of this notice, the CBI charges \$39.50 to conduct the criminal history check. CBI does not accept personal checks. Payment can be made by money order, cash, Visa, MasterCard, cashier check, or company check payable to CBI. Contact CBI with additional questions and to verify cost. CBI website: www.cbi.state.co.us/id CBI phone: 303-239-4208

Fingerprinting Methods:

Method 1: Obtain fingerprint card FD-258 (REV. 5-11-99) from your local law enforcement agency and have prints electronically transferred onto the card. Then mail or deliver the card to CBI. Most County Sheriff's offices can administer electronic fingerprints.

Method 2: Obtain fingerprint card FD-258 (REV. 5-11-99) from your local law enforcement agency and have fingerprints transferred to the card via rolled ink. Then mail or deliver the card to CBI. The ink method has the highest rate of failure due to lower quality print characteristics. It is recommended that this process be performed by a law enforcement agency trained in rolled ink fingerprinting. Applicants whose fingerprints are not readable due to low quality print characteristics will be required to resubmit fingerprints and may be subject to additional fees.

The providers of the fingerprinting process will charge a fee, in addition to the fee payable to CBI, which will vary depending on the method used.

Required Information:

Fill in the following spaces on the fingerprint card as indicated:

Employer and Address	Reason for Fingerprint	Your NO. OCA	ORI
Attorney General – UCCC 1525 Sherman St., 7th Floor Denver, CO 80203	Debt-Management Services §12-14.5-206	CONCJ0900	COCB10000 COLO B OF I, Denver, CO

When prompted by the person taking your fingerprints, provide all personal identification information and sign the card. Have the fingerprint administrator sign the card in the space titled, "Signature of Official Taking Fingerprints."

Incomplete card information will cause delays.



State of Colorado
Department of Law
Uniform Debt-Management Services Act
1525 Sherman St., 7th Floor
Denver, CO 80203
Telephone: (303) 866-4494
Fax: (303) 866-5474
E-mail: uccc@state.co.us

REGISTRATION AND VERIFICATION FORM

Applicant: Complete the "Applicant Section" of this form and provide it to all states that license or register you as a Debt-Management Services Provider. Copy the form and use it as needed.

State Regulator: Please complete the "State Regulator Section" of this form and mail or fax it to:

Colorado Uniform Consumer Credit Code
1525 Sherman St., 7th Floor
Denver, CO 80203
Phone: (303) 866-4494 Fax: (303) 866-5474
E-mail: uccc@state.co.us

APPLICANT SECTION

Name and Principal Address of Applicant:

Trade Name(s) used (in state in which licensed or registered):

State and License/Registration Number(s):

Type of License/ Registration:

Original License/ Registration Date:

STATE REGULATOR SECTION

1. Is the above Applicant regulated by your agency? Yes ____ No ____
2. Is the information provided by Applicant accurate? Yes ____ No ____ Correct as needed.
3. Have you examined Applicant for state law compliance? Yes ____ No ____
4. Are there any significant, unresolved examination issues? Yes ____ (Provide details) No ____
5. Are there any significant, unresolved complaints against Applicant? Yes ____ (Provide details) No ____
6. Have you taken any disciplinary, administrative, or legal actions against Applicant? Yes ____ (Provide details) No ____
7. Are there any pending or contemplated disciplinary, administrative, or legal actions against Applicant? Yes ____ (Provide details) No ____

Name of person completing this form. _____

Title _____

State _____

Date _____

Telephone Number _____

Fax Number _____



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INSTRUCTIONS FOR AFFIDAVITS OF CITIZENSHIP/LAWFUL RESIDENCY

This affidavit of citizenship or lawful residency and proof of verifiable identification are required as of August 1, 2007 by §§ 24-76.5-101 to 24-76.5-103 C.R.S., for all licenses and registrations issued to individual applicants (natural person) aged 18 or older. A state license or registration is considered to be a public benefit. Individual applicants (sole proprietors) must complete and notarize the attached affidavit, include a notarized copy of one of the types of verifiable identification listed, and submit it to our office.

These requirements do not apply to an applicant that is a partnership, corporation, limited liability company, or other business entity other than a sole proprietor, nor do they apply to foreign nationals not physically present in the United States.

If you do not have a form of identification listed on the next page, you will need to obtain a waiver:

1. Complete Request for Waiver – Restrictions on Public Benefits form available at <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&lobtable=MungoBlobs&blobwhere=1251604064986&ssbinary=true>
2. File the notarized affidavit with our office, as required for all applicants.

For general information on the affidavit and waiver process, visit:

<http://www.colorado.gov/cs/Satellite/Revenue-Main/XRM/1216289012112>

If you have questions about this matter, please contact our office:

Uniform Consumer Credit Code
1525 Sherman St., 7th Floor Denver, CO 80203 Telephone: (303) 866-4494 Fax: (303) 866-5474 E-mail: uccc@state.co.us

**AFFIDAVIT OF AMERICAN CITIZENSHIP OR LAWFUL RESIDENCY FOR RECEIPT OF COLORADO
PUBLIC BENEFITS**

(Required of Sole Proprietors who are natural persons applying for a Colorado license or registration and are physically present in the United States of America)

I, _____ (print/type individual name), swear or affirm under penalty of perjury under the laws of the State of Colorado that I am (check one)

_____ A United States citizen, or

_____ A Permanent Resident of the United States, or

_____ lawfully present in the United States pursuant to federal law

and that the attached document (check one), consisting of a copy of at least one of the following forms of verifiable identification listed below, is a true and accurate copy of the original.

Identification Documents

_____ Valid, Colorado driver's license or identification card bearing Applicant's photograph;

_____ United States military card or military dependent's identification card;

_____ United States Coast Guard Merchant Mariner card;

_____ Native American tribal document;

_____ Valid driver's license or identification card bearing Applicant's photograph issued by one of the following states: Alabama, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, West Virginia, or Wyoming;

_____ Naturalization Certificate issued by an authorized agency of the United States bearing Applicant's intact photograph impressed with the raised embossed seal of the issuing agency;

_____ Valid immigration documents demonstrating lawful presence and verified through the U. S. Department of Homeland Security's Systematic Alien Verification for Entitlements Program;

_____ Waiver demonstrated by executing the affidavit above, providing identification material, and obtaining an Electronic Identification Indicator (EII) issued by the Colorado Department of Revenue. Contact our office regarding this waiver.

See also:

<http://www.sos.state.co.us/CCR/SearchRuleDisplay.do?getEntireRule=yes&pageNumber=1&totalNumberOfResults=125&keyword=lawful%20presence&type=keywordSearch&contentId=1377505>

Copies of identification documents must be notarized.

I understand that this sworn statement is required by law because I have applied for a public benefit (professional or commercial license or registration). I understand that Colorado law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under § 18-8-503 C.R.S. and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

NOTARIZATION

Subscribed and sworn to before me in the County of _____,

State of _____, this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission expires:



State of Colorado
Department of Law
Uniform Debt-Management Services Act
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Denver, CO 80203
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BRANCH OFFICES AND OTHER BUSINESS LOCATIONS IN COLORADO

Supplemental Form

Street Address

City

State

Zip Code

(____) ____ - ____
Phone

(____) ____ - ____
Fax

E-mail

Does the Applicant provide debt-management services to consumers through this office?

☐ NO

☐ YES

Street Address

City

State

Zip Code

(____) ____ - ____
Phone

(____) ____ - ____
Fax

E-mail

Does the Applicant provide debt-management services to consumers through this office?

☐ NO

☐ YES

Street Address

City

State

Zip Code

(____) ____ - ____
Phone

(____) ____ - ____
Fax

E-mail

Does the Applicant provide debt-management services to consumers through this office?

☐ NO

☐ YES



State of Colorado
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PERSONAL HISTORY: OCCUPATIONAL RECORD

Supplemental Form

Previous employers for the prior five years, except that if no compensation was received, use the prior two years.

Company Name Title _____

Street Address (____) ____ - _____
Phone _____

City State Zip Code

Dates of Employment

Company Name Title _____

Street Address (____) ____ - _____
Phone _____

City State Zip Code

Dates of Employment

Company Name Title _____

Street Address (____) ____ - _____
Phone _____

City State Zip Code

Dates of Employment



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PERSONAL HISTORY: OWNERSHIP INTEREST

Supplemental Form

Ownership interest of at least 10% by a Director, Owner or Employee of the Applicant in:

(1) Any Affiliate of the Applicant as defined in section § 12-14.5-202 (2), C.R.S.

(2) Any entity that provides products or services to the Applicant or any individual relating to the Applicant's debt-management services.

Name of Affiliate or Entity in which interest is owned

Street Address

() -
Phone

City

State

Zip Code

Website

Percent ownership / interest

Length of ownership / interest

Relationship

Product or Services Provided

Name of Affiliate or Entity in which interest is owned

Street Address

() -
Phone

City

State

Zip Code

Website

Percent ownership / interest

Length of ownership / interest

Relationship

Product or Services Provided